



Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

Pharmacist Intern Renewal Form

To complete renewal mail this form with the renewal fee of \$10 and the required documentation to the address in the top right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this form is postmarked after your permit is expired you must include a \$20 late fee. If you answer 'Yes' to questions 1-5 below, please send a notarized statement fully explaining the response including location, date and disposition and official documentation regarding the event (court documents, disciplinary order, treatment information, addictionology evaluations, etc.) by email to pla4@pla.in.gov or by fax to (317) 233-4236.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS Since you last renewed:	
1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you been denied a license, certificate, registration, or permit in any state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you been convicted or pled guilty to a violation of a federal or state law or are criminal charges pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you been treated for or received a diagnosis for alcohol or substance abuse or addiction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you been terminated, reprimanded, disciplined or demoted in the scope of your practice as a pharmacy intern or in any health care profession?	Yes <input type="checkbox"/> No <input type="checkbox"/>

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Applicant	Date (month, day, year)

Required Documentation: If we do not receive the required or correct documentation your renewal application may be denied. Your renewal application and fee should be accompanied by one of the following:

- (1) Notarized copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate, or
- (2) Official transcripts from an American Council of Pharmaceutical Education (ACPE) accredited school of pharmacy verifying your active enrollment in the spring 2013 semester or quarter [transcript must indicate the spring 2013 semester or quarter and verify that you are "currently enrolled", "work in progress", etc.] or recent graduation date. A transcript indicating that the previous semester or quarter completed will not be accepted as it does not verify that you are currently enrolled.

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including license cards and INSPECT requirements, or email the Board at pla4@pla.in.gov.

"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at www.in.gov/cutredtape." -Nicholas W. Rhoad, PLA Executive Director

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date